

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 08/26/2015
NAME OF PROVIDER OR SUPPLIER THE VILLAGE OF KINSTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1935 IDLEWILD DRIVE KINSTON, NC 28504		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>This is a Report of a Complaint Investigation conducted by Greg Cates and Frank Strickland on August 26, 2015.</p> <p>Based on information from our files, this facility was first licensed or submitted on or about March 9, 1993 as a Home for the Aged with Twenty-Nine (29) beds. On or about April 24, 2002, a Thirty-Four (34) bed addition was approved, increasing the total resident beds to a capacity of Sixty-Three (63) beds, including Twenty-Six (26) Special Care beds. Based on the above information, we are requiring the facility to meet the 1991 Rules and Regulation for Adult Care Homes; the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes; and the 1991 North Carolina State Building Code (original building); and the 2002 North Carolina State Building Code Institutional Occupancy (Addition).</p> <p>The Complaint alleged that the air conditioning is out and the facility is hot.</p> <p>The Complaint is UNSUBSTANTIATED.</p> <p>Deficiencies were cited that will require a Plan of Correction.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)</p>	C 189		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 189	Continued From page 1 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain all the HVAC equipment in operating condition. This may affect staff and visitors who may use the un air conditioned areas. a- The condensing unit that serves the Medicine Room and Meeting Room in the Special Care Wing is not operating and has been disconnected at the unit and the exterior disconnect. The other 10 units are in operation 2- Based on observations, the facility has failed to maintain the EXIT doors in a safe and operating manner. This would affect all occupants of the original building who may be required to EXIT the facility in an emergency. a- The EXIT door and frame have rusted through at the bottom, making the door very difficult to open and requiring substantial extra effort to open the door.	C 189		